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Missouri Division of Medical Services

www.dss.state.mo.us/dms

Special Bulletin

PHARMACY PROGRAM POLICY ENHANCEMENTS

As providers have been previously notified, the Missouri Medicaid Pharmacy Program is in the process of implementing a number of revisions and enhancements designed to improve the state agency's provision of clinically appropriate and fiscally responsible patient care as well as the ability to track utilization patterns to better respond to budget concerns. Toward these ends, a number of changes to the administration of the pharmacy program will be implemented in the next several months.

This bulletin describes an expansion of the Drug Prior Authorization Process, as well as the creation of a new help desk which will function as a resource for prescribers requesting prior authorization for certain drug products and for pharmacy providers wishing to override certain specific claim processing denials.

CHANGES TO PHARMACY AND EXCEPTIONS HELP DESK ACCESS

When calling the help desk hotline at 800-392-8030, callers will access the appropriate staff by listening to the menu options. This menu will direct callers to select the option based on the nature of the call. Over time, the options may change, so callers should be prepared to listen to the menu options available at the time of the call. Staff will be available to process Drug Prior Authorization requests during regular state agency business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding state and federal holidays.

When calling the help desk, callers must be prepared to provide their provider number and the recipient's Medicaid number in order for the attendants to respond in a complete and efficient manner.

DOSE OPTIMIZATION

Effective for dates of service on or after April 16, 2002, claims submitted to the Missouri Medicaid Pharmacy Program will be subject to edits to identify claims for pharmacy services that fall outside expected patterns of use for certain products. Overrides to these edit denials will be processed through the help desk at 800-392-8030. Justification for utilization outside expected patterns such as FDA approved labeling will be required for approval of such an override.

A listing of the drug products initially subject to the edit as well as patterns that will be

allowed without requiring an override to the edit is attached to this bulletin. (Attachment 1)

DRUG PRIOR AUTHORIZATION PROCEDURES

Drug Prior Authorization(PA) requests are currently accepted and responses provided via toll-free telephone at **800-392-8030** or FAX, Monday through Friday, 8:00 a.m. to 5:00 p.m. except for federal and state holidays. A new fax number, **573-636-6470,** is being utilized for the Drug Prior Authorization Process. A response will be made by telephone or other telecommunication device within 24 hours of receipt of each complete request.

All requests for drug PA must be initiated by a physician or authorized prescriber (advanced practice nurse) with prescribing authority for the drug category for which PA is being requested. All requests must include all required information. The majority of requests received that have sufficient information and are initiated by a physician or authorized prescriber will receive a response either during the requestor's call or by return FAX or phone call. Requests received with insufficient information for review or received from someone other than a physician or authorized prescriber will not initiate a PA review nor the 24-hour response period.

Notification of approval will be given at the time of the call or by return FAX or phone call. The requestor will be given a seven-digit PA number and an approval end date. The PA number and the approval end date must be communicated to the dispensing pharmacy either verbally or on the face of the prescription. This information should also be recorded in the patient's medical record, as additional prescriptions written for the approved drug, within the approval period, will also require this information. Pharmacies may record this information for this purpose as well. Pharmacy providers may also contact the help desk at 800-392-8030 and select this option from the menu.

For additional information regarding drug PA procedures, providers may refer to Special Bulletin, Vol.14, No. 7, dated June 12, 1992 or view the Medicaid Pharmacy Provider Manual at www.dss.state.mo.us/dms.

DRUG PRIOR AUTHORIZATION ADDRESS AND FORM CHANGES

The Drug Prior Authorization form has changed, effective immediately. A copy of the updated form is attached. Please discard all outdated PA forms you may have. The mailing address for Drug Prior Authorization has changed. The new mailing address is PO Box 4900, Jefferson City, MO 65102-4900.

EXCEPTION PROCESS FAX NUMBER AND FORM CHANGE

The Exception process forms have changed effective immediately. A copy of the updated form is attached. Please discard all outdated exception forms you may have. The Exception process fax number has changed. The new fax number is 573-522-3061. **This fax number is for Exception process use only. Please do not send drug PA's to this fax as it will result in a delay in processing.**

ONCE-A-MONTH BILLING FOR MAINTENANCE DRUGS-POLICY CLARIFICATION

Long-term maintenance and/or therapy drugs are required to be prescribed for no less than a one-month supply when, in the prescriber's professional judgement, the patient's diagnosis has been established, the condition stabilized, and the drug has achieved the desired effect and may be safely prescribed. Pharmacy providers are to dispense in the manner prescribed. Regardless

of the dispensing system utilized, long term maintenance medications may be billed no more frequently than one time per month.

DISEASE MANAGEMENT PROGRAM DEVELOPMENT BY MISSOURI MEDICAID

This is to notify providers that the Division of Medical Services is developing a disease management program to improve the quality of care for Missouri Medicaid patients. Pharmacy providers, along with physicians, will have the opportunity to play a key role in this new venture. In preparation for this program and to begin additional program management opportunities, it is essential for DMS to accurately identify prescribers. As you know, there is no universal prescriber identification number. The Drug Enforcement Administration will not provide easy access to their numbers and further are reluctant to see their numbers used for identification other than for controlled substances. For that reason, until universal provider identification numbers are available, DMS will utilize the Missouri State Bureau of Narcotics and Dangerous Drugs (BNDD) identification number on pharmacy claims.

Pharmacy providers are strongly encouraged to immediately utilize the BNDD number or provider number in the prescriber field. The BNDD numbers are available on the Internet at the following site: http://www.health.state.mo.us/ResourceMaterial/BNDDList.html.

CLAIMS FILING INSTRUCTION REVISION -- PRESCRIBER IDENTIFICATION ON MISSOURI MEDICAID PHARMACY CLAIMS

Effective immediately, the Missouri Medicaid pharmacy claims filing process will accept the Missouri State Bureau of Narcotics and Dangerous Drugs (BNDD) identification number in the Prescribing Physician Medicaid Number in field 9.

Effective August 1, 2002, use of the Missouri Medicaid provider number or BNDD number will be required on pharmacy claims. Claims submitted on or after that date that do not identify the prescriber's Missouri Medicaid provider number or BNDD number will be rejected. For details on this requirement and how to address advanced practice nurse and out of state prescribers, please refer to the important claims filing clarification section of this bulletin.

Collection of the BNDD number will allow DMS to team with prescribing providers with the goal of providing improved quality of care for the recipient. For instance, prospective and retrospective drug use review and other monitoring activities have identified Missouri Medicaid patients that have the diagnosis of asthma and are not utilizing inhaled steroids, patients not taking prenatal vitamins during their pregnancy, and patients that are apparently not adhering to their medication regimens. The agency has also identified patients at high risk for adverse outcomes due to drug-drug interactions, drug disease contraindications, duplication in therapy, over utilization and underutilization. In addition, providers and other Missouri taxpayers will benefit from a more cost effective, coordinated health care delivery system that will include your involvement through this and future enhancements.

With your assistance, DMS will be able to use the BNDD number you provide to identify the individual's prescribing provider and team with that provider in a timely manner to improve the overall quality of the individual's care. DMS will reinforce your communications with prescribers about these issues by providing them with information they may not have had at the time of treating their

patients, (such as the patient seeing another physician and receiving a drug that interacts with the one prescribed.)

FURTHER CLARIFICATION OF SPECIAL CLAIM FILING ISSUES -- PRESCRIBER IDENTIFICATION

For in-state prescribers, enter the Missouri Medicaid provider number or BNDD number (available via the Internet) in field 9 of the Pharmacy Claim form. For injections given by advanced practice nurses/nurse midwives or other applicable health care professionals, enter the BNDD number (if registered with this agency), the Missouri Medicaid Provider number, or the BNDD of the collaborating physician.

For out of state prescribers, enter the Missouri Medicaid provider number if the prescriber is enrolled as a Missouri Medicaid provider, or the abbreviation for the state in which the prescriber is located and the provider's seven-digit telephone number, without area code. For example, enter KS1234567 for a Kansas physician with the telephone number (913)123-4567.

Provider Communications
(800) 392-0938
or
(573) 751-2896